MAXIMUS Federal Services

Case Number:	CM15-0064619		
Date Assigned:	04/10/2015	Date of Injury:	02/16/2011
Decision Date:	05/27/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	04/06/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Massachusetts
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 59 year old female with an industrial injury dated February 16, 2011. The injured worker diagnoses include myoligamentous strain of the cervical spine and myoligamentous strain of the lumbar spine. She has been treated with diagnostic studies, prescribed medications, acupuncture, injection therapy, physical therapy, aqua therapy, and periodic follow up visits. According to the qualified medical report dated 12/05/2014, the injured worker reported pain in the back radiating into lower extremities with associated burning and tingling. Objective findings revealed tenderness in the left paracervical spine, decrease range of motion of the lumbar spine and thoracic spine. Tenderness was also noted in the erector spine mass musculature, sacroiliac (SI) joints, the right erector spinae mass musculature and in the midline of lumbar spine L3 through S1. The treating physician prescribed services for physical therapy for lumbar and cervical spine and shockwave treatment for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Physical therapy 1-2 times a week (6-12 sessions) for 6 weeks for the lumbar and cervical spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Page 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries. The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. According to the records provided it appears that the patient underwent an initial course of PT between March-June 2011. This was referred to in the provided IME report however the details of the treatment including efficacy and improvement of functional capacity were not mentioned. Additionally neither the initial PT records nor the recent clinic note requesting renewal of the PT were including for review. The peer reviewer stated that "there was no information describing specific signs of objective function improvement" with PT. This is due to the fact that the records are not available but is not evidence that continued therapy is not appropriate. Considering the absence of records and that PT was last attempted a number of years ago, it appears appropriate and clinically indicated to attempt PT again, however I would recommend limiting to up to 10 visits as recommended by the CA MTUS. Therefore, the requested medical treatment is medically necessary.

Shockwave treatment for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), extracorporeal shockwave therapy (ESWT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: Shockwave treatment has been shown to be effective in specific injuries including elbow lateral epicondiltis, however cervical injury has not been shown to be effected by shockwave treatment according to the cited guidelines (CA MTUS is silent, ACOEM supports for elbow and shoulder injuries). Consequently based on the guidelines and the diagnosis for which this treatment has been prescribed, the requested treatment is not medically necessary for the specific diagnosis. Therefore, the requested medical treatment is not medically necessary.